FORM PTO-1	449	Docket Number (Opti nal) Applicati n Number 10/696,745							
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EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME		CLASS	SUBCLASS	FILING DATE IF APPROPRIATE		
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EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the applicant.